

Name of Person Signing Document: _____
Your Address: _____
Your City, State, and Zip Code: _____
Your Telephone Number: _____
ATLAS Number (if applicable): _____
Attorney Bar Number (if applicable): _____
Representing ☐ Self (Without an Attorney) OR ☐ Petitioner OR ☐ Respondent

SUPERIOR COURT OF ARIZONA IN MARICOPA COUNTY

Name of Petitioner

Case Number: _____

REQUEST FOR VOLUNTARY MEDIATION

AND

Name of Respondent

Name of Judge assigned to your case. If unknown call:
(Phoenix) 506-1561 or (Mesa) 506-2021.

The other party and I do **not** agree about something in this case. I ask that Conciliation Services set a mediation of the issues, based on the following. The other party agrees to come to mediation, too.

1. There ☐ **is** OR ☐ **is not** an action currently pending.
2. Mediation ☐ **has** OR ☐ **has not** been previously attempted. If so, when and where?
When: _____
Where: _____
3. A Decree of Dissolution ☐ **has** OR ☐ **has not** been entered OR ☐ this is **not** applicable to my case.
4. Describe the disagreement. Be brief and specific. (The disagreement must involve the custody or visitation of your minor children):

Signature of Person
Requesting Mediation: _____

Signature of
Other Party: _____

Date of Signature: _____

Date of Signature: _____

Street Address: _____

Street Address: _____

City, State, Zip Code: _____

City, State, Zip Code: _____

Telephone Number: _____

Telephone Number: _____